

1700-1800

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An inaugural dissertation on dysentery

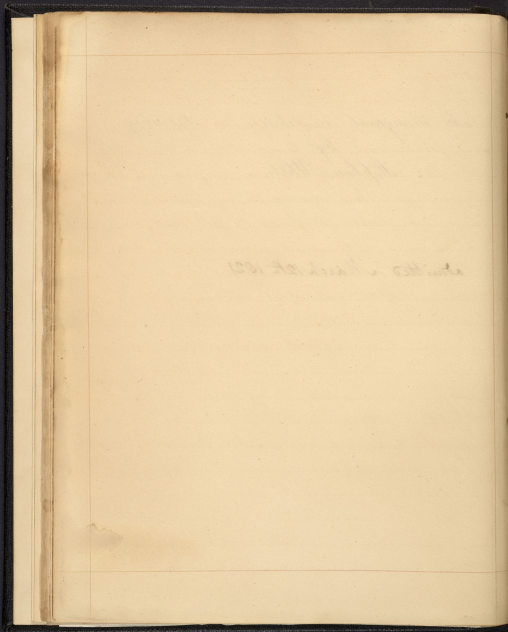
by

Stephen White

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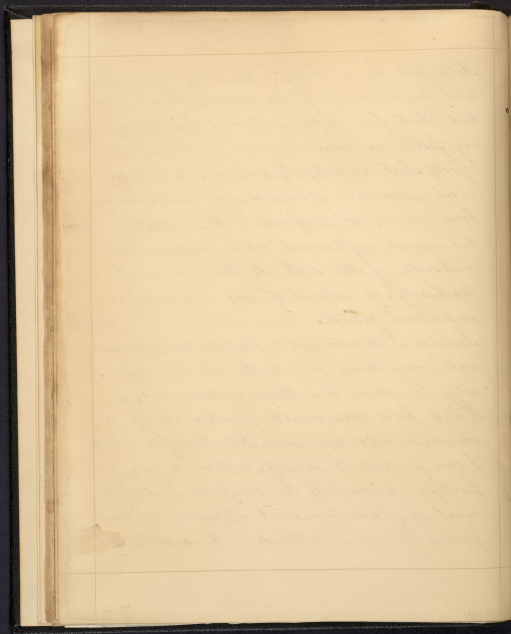
Mrs Johnson

admitted March 12th 1821



Actuated by a lively interest in the success
and improvement of our science, I have omit-
ted but few opportunities of contributing
my feeble exertions towards such desirable
objects: but unhappily for me, as well as
most medical students, my exertions have
been too much confined to the closet, and
too much influenced when made at the
bedside of the sick by the leniency of
authority, to admit of any very novel or
important result.

Indeed I should not calculate to communi-
cate any thing new to the illustrious fac-
ulty to whom this thesis is dedicated, if
I had had considerable opportunities of ob-
servation and experience. All, therefore, which
I can propose to myself, will be to give a
faithful account of the symptoms and treat-
ment of Dysentery, as it appeared in Mont-
gomery county Maryland in the quantity of



July and August of the year 1820.

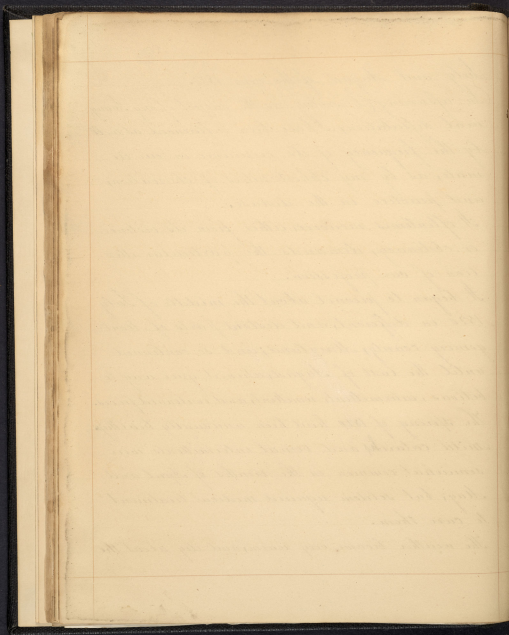
In assuming Dysentery as the subject of my Inaugural dissertation, I have been influenced as well by the frequency of its occurrence in our climate, as by my opportunities of observation and practice in the disease.

It oftentimes moreover, either from its violence or obstinacy, demands the particular attention of our profession.

It began to prevail about the middle of July 1820 in different, and distant parts of Montgomery county, Maryland; and so continued until the last of August, when it gave way to bilious, intermittent, remittent, and continued fevers.

The Spring of 1820 had been unusually healthy; mild colic, and vernal intermittents were somewhat common in the months of April and May; but seldom required medical treatment to cure them.

The weather became very warm, and dry about the



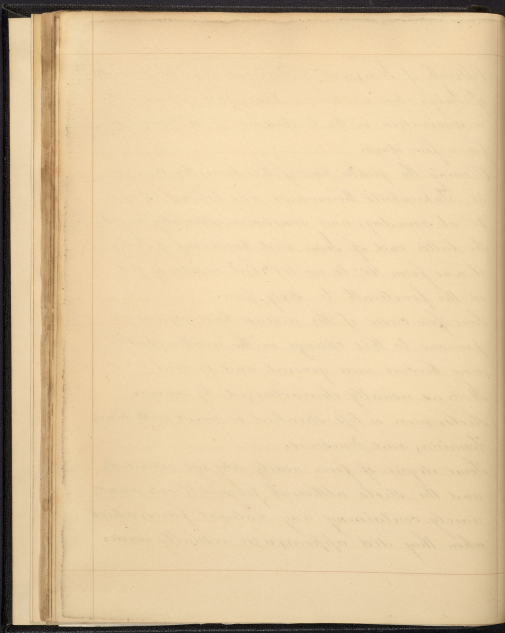
fifteenth of June, and so remained until the fourteenth of July, when we had a heavy fall of rain with a diminution in the temperature of the atmosphere for a few days.

During the greater part of this time, the mercury in Fahrenheit's thermometer was between 85° and 90° at noonday; and sometimes, especially about the latter end of June and beginning of July, it was from 90° to an 100° ; but suddenly fell on the fourteenth to sixty four.

Some few cases of the disease had occurred previous to this change in the weather, but it now became more general and violent.

It was usually characterized by mucous stools, more or less streaked or mixed with blood, Tenesmus, and Tenesmus.

Some degree of fever nearly always attended, and the stools although frequent, were small, rarely containing any natural faeces, which when they did appear, were usually under



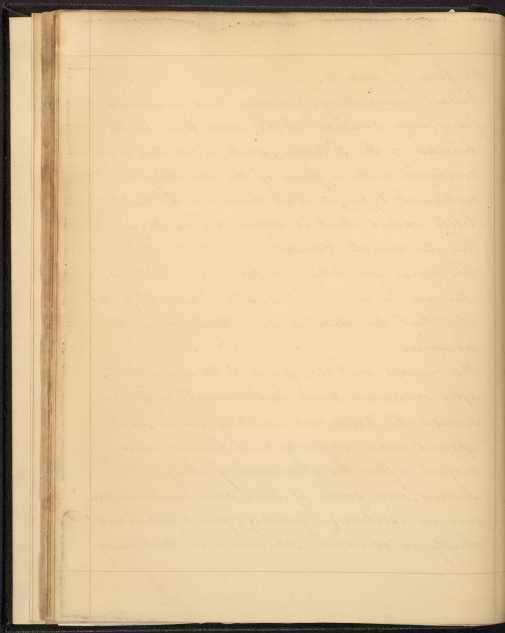
the form of scyphala.

Belious intermitting, remitting, and continued fevers, were common at the same time on the borders of the Potomac, while Dysentery was combined with a fever of the remitting or continued type; so that there can be but little doubt that it depended on Miasma as its remote cause.

The large quantities of bile which were discharged in many cases, also render it probable that the disease was chiefly owing to miasma.

The coolness and dampness of the atmosphere, after continued heat and drought were considered the principal exciting causes, as it spread more rapidly and became more violent after the fourteenth of July.

Indeed, cold seems to have considerable influence in exciting Dysentery; for it prevailed chiefly in elevated situations in Montgomery



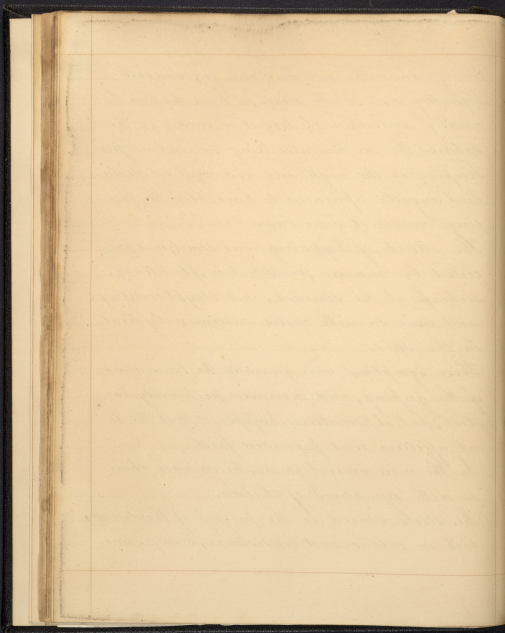
country where the air was more free and cool.
Dysentery more rarely occurs in town than in the
country and when it does it is mostly in the
suburbs the air there also being more cool and free.
Sleeping in the night air and acid or stimu-
lant ingesta appeared to have been the exci-
ting causes of some cases.

The attack of Dysentery was sometimes pre-
ceded by anorexia, constipation, flatulency,
sickness at the stomach, and slight vomiting;
and came on with chills succeeded by heat
in the skin.

These symptoms were generally the forerunners
of the griping, and increased propensity to
stool; but it sometimes happened that the lo-
cal affection was perceived first.

In the more violent forms, the disease came
on with symptoms of cholera.

The stools varied in the progress of the disease,
both in colour and consistence, being some-



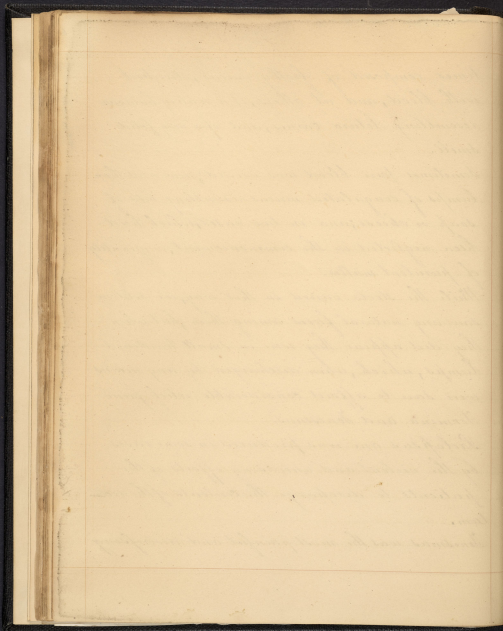
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times composed of frothy mucus, streaked with blood, and at others, of a watery humour resembling *Lactura canis*, and of a very fetid smell.

Sometimes pure blood was voided; now and then lumps of coagulated mucus resembling bits of soap or cheese; and in two cases, which had been neglected in the commencement, a quantity of purulent matter.

While the stools varied in this way, we seldom saw any natural faeces among them; but when they did appear they were in small hardened lumps, which, when discharged by any means were sure to afford considerable relief from *Termina* and *Tenesmus*.

Prolapsus ani was produced in some cases by the violent and unceasing efforts of the patients to discharge the contents of the rectum.

Tenesmus was the most painful and distressing



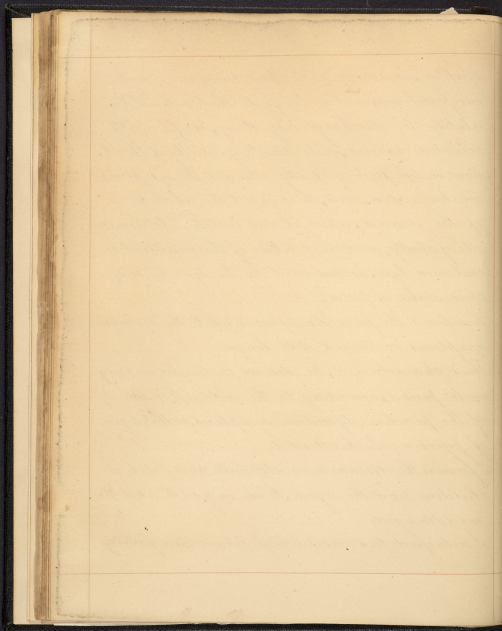
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symptom, in many cases there being an almost incessant inclination to go to stool without the ability to discharge any thing, except a little vitiated mucus, or a small quantity of blood. More or less fever generally attended the symptoms we have described, throughout the whole course of the disease, where it was inclined to terminate fatally, and was either of the remittent or continued type, accompanied by the synocha or synchus status of pulse.

Sometimes the fever disappeared while the dysenteric symptoms continued still longer.

Thus characterized, the disease continued an indefinite period, according to the mildness or severity of the peculiar dysenteric symptoms, or the degree of pyrexia which attended.

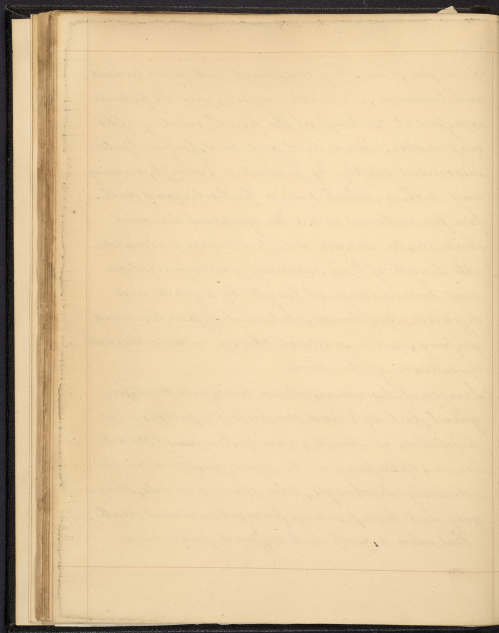
I found the disease more obstinate and fatal in children and the aged, than in youth and the middle-aged.

I witnessed two cases which terminated fatally.



in a few days, they commenced with severe *tenesmus* and *tonesmus*, intolerable nausea, or as the patients expressed it "sickness at the heart" vomiting of bilious matter, intense heat and thirst, frequent pulse succeeded quickly by prostration of strength, stranguy and hiccups, which proved the harbingers of death. In a few instances where the symptoms were more moderate, the disease was protracted to a considerable length of time, inducing great emaciation and terminating at length by a gentle and diffused diaphoresis, abatement of fever, thirst and griping, and a gradual change in the colour and consistence of the stools.

Intermittent *tonesmus*, intense heat, and thirst, frequent but soft and compressible pulse, great prostration of strength, anxiety, tension of the abdomen, oppression at the praecordia, fœtid and involuntary discharges, cold clammy sweats, stranguy and hiccups, always portaged imminent death. But where a gentle and diffused perspiration

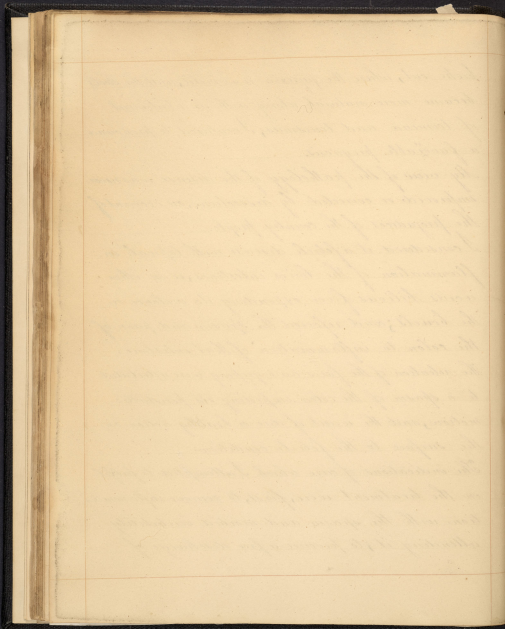


broke out, where the pyrexia was mild, and the stools became more natural along with an abatement of tormina and tenesmus, I ventured to pronounce a favorable prognosis.

My view of the pathology of the disease was never improved or corrected by dissections, on account of the prejudices of the country people.

I considered it a febrile disease with topical inflammation of the lower intestines, or in other words bilious fever expending its violence on the bowels; and referred the spasm and pain of the colon to inflammation of that intestine. The retention of the feces and griping were attributed to a spasm of the colon impeding its peristaltic motion, and the want of due or healthy action on the surface to the febrile condition.

The indications of cure which I attempted to fulfill in the treatment were, first, to remove inflammation with the spasm and morbid irritability attending it, to procure a free discharge of



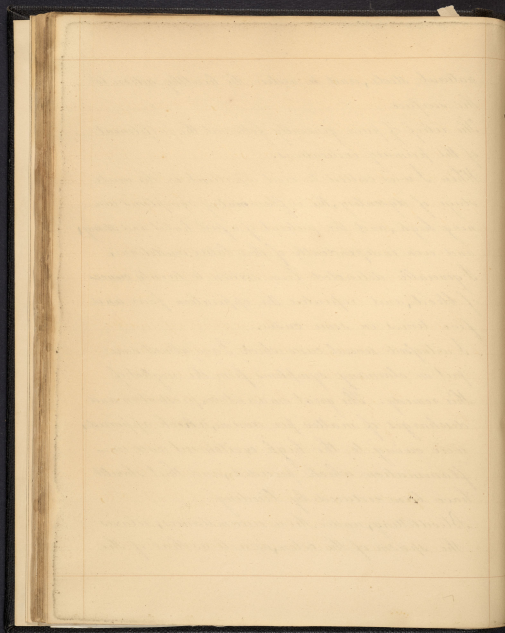
natural stools, and to restore the healthy action to the surface.

The relief of pain generally followed the fulfilment of the primary indications.

When I was called to visit a patient in the acute stage of dysentery, the inflammatory symptoms running high, and the patient of a full habit and strong, and even independently of this latter condition, I generally detracted from sixteen to twenty ounces of blood, and repeated the operation four and five times in some cases.

I witnessed several cases which I am almost sure put on alarming symptoms from the neglect of this remedy. The great emaciation, prostration and discharges of matted per anem, which appeared, were owing to the high excitement and inflammation which preceded, and that should have been reduced by bleeding.

Bloodletting, under these circumstances, relaxes the spasm of the colon, as well as that of the



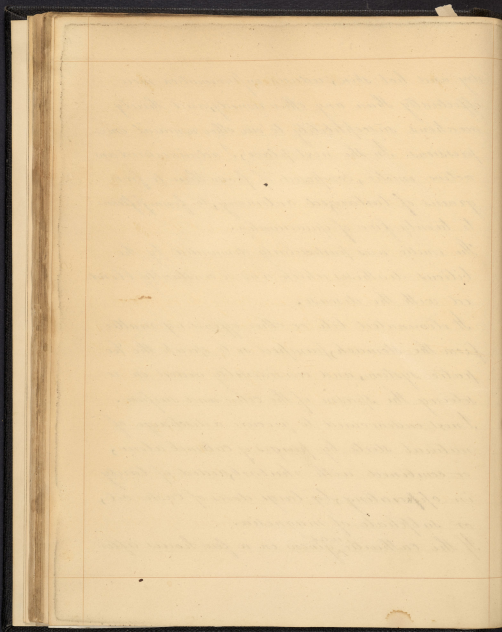
dry and hot skin, reduces inflammation more effectually than any other remedy, and thereby awakens susceptibility to our other remedial impressions. In the next place, I administered an active emetic, composed of from three to five grains of tartarized antimony, to from fifteen to twenty five of ipecacuanha.

The emetic was particularly demanded by the bilious diathesis which was so constantly blended with the disease.

It eliminated bile or other offending matter from the stomach, pumped so to speak the hepatic system, and considerably aided in resolving the spasm of the colon and surface.

I next endeavoured to procure a discharge of natural stools by purges of calomel alone, or combined with rhubarb, aided if tardy in operating, by large doses of castor oil, or sulphate of magnesia.

If the cathartic ^{was} given in a few hours after

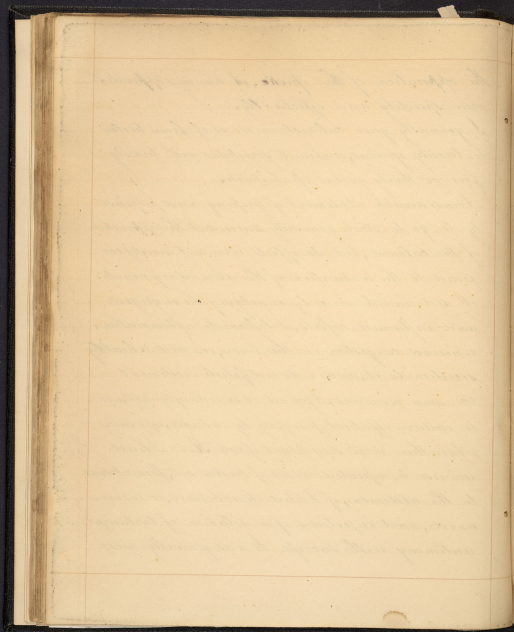


The operation of the *spike*, it always operated more speedily and effectually.

I generally gave calomel in doses of from twelve to twenty grains, combined sometimes with twenty five or thirty grains of rhubarb.

A considerable abatement of griping and propensity to go to stool generally succeeded the operation of the calomel; but its effects were not merely confined to the evacuation of the alimentary canal: it did much more by emolging the engorged and inflamed vessels, it lessened inflammation, removed congestion in the liver, restored a healthy secretion to it, and reduced febrile excitement.

On some occasions, I found it exceedingly difficult to induce effectual purging by calomel, especially where there were symptoms of colic. Here I had recourse to repeated doses of castor oil, fomentations to the abdomen, of boiled horsehound, or worm-wood, and injections of a solution of tartarized antimony with success. It was generally neces-

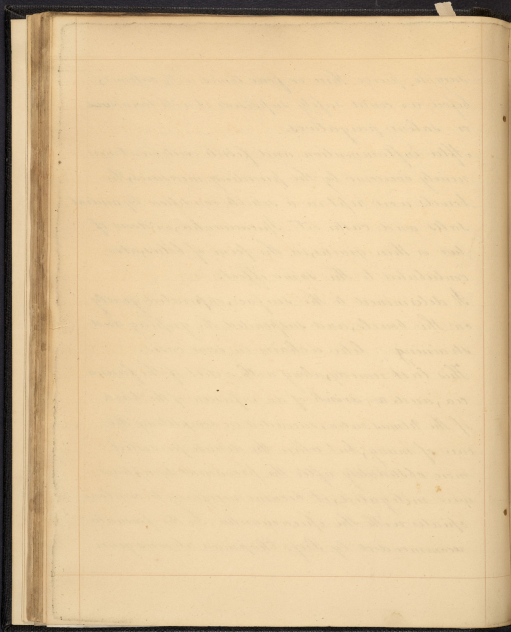


sary to purge three or four times with calomel,
before we could safely supersede it with laxatives
or saline purgatives.

After inflammation and febrile excitement were
nearly overcome by the preceding measures, the
bowels were kept in a soluble condition by neutral
salts and castor oil. Ipecacuanha, in doses of
two or three grains, in the form of bolus, also
contributed to the same effect.

It determined to the surface, operated gently
on the bowels, and suspended the griping and
straining, like a charm in some cases.

This last remedy, along with a diet of the farina-
cia, and a drink of an infusion of the bark
of the *Ulmus rubra*, succeeded in completing the
cure of many; but when the disease persisted
more obstinately after the prominent symptoms
were mitigated, it became necessary to combine
opiates with the ipecacuanha. In the formula
recommended by Prof. Chapman it was gener-

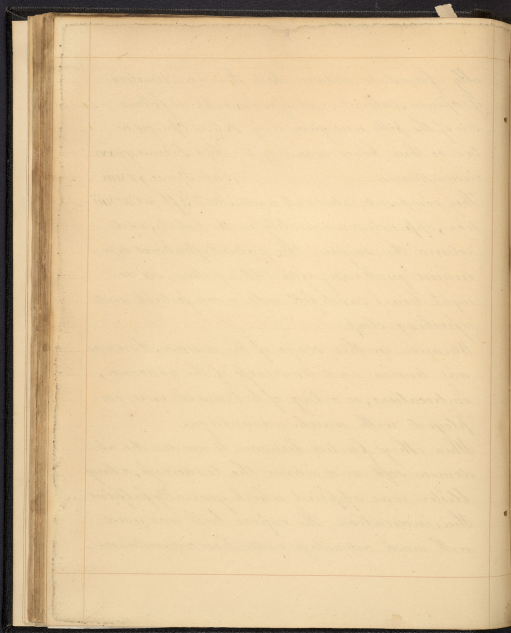


ally found to answer best. It is a combination
of opium, calomel, and opiacuanha as follows
One of the pills was given every R Gum. Opii. grs iv
two or three hours according to Hyd. Submur. grs xvi
circumstances. Pulv. Opiae. grs viii

They composed intestinal irrita. Mel. L. Sft. pil. no viii
tion, operated moderately on the bowels, and
relaxed the surface. The patient oftentimes expe-
rienced great ease, after taking them six or
eight hours, and fell into a comfortable and
refreshing sleep.

Whenever in this stage of the disease, there was
any tension and tenderness of the abdomen,
embrocations, or a bag of hot musk were em-
ployed with much advantage.

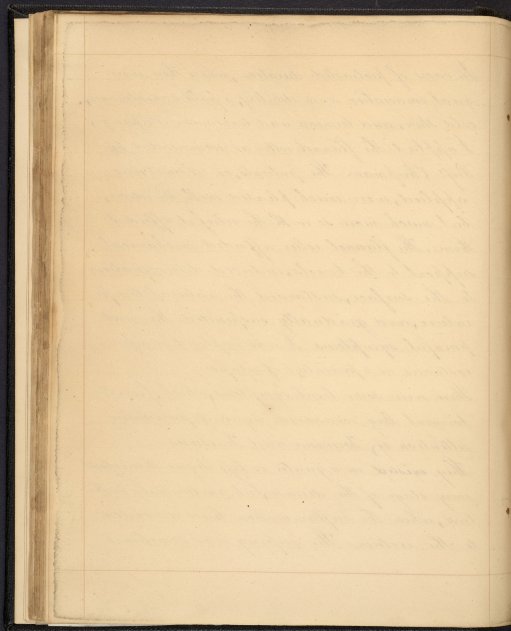
When they failed however to render the ab-
domen soft and relieve the tenderness, a large
blister was applied which generally fulfilled
the indication. The vapour bath was used
with much advantage under these circumstances.



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In cases of protracted duration, when there were great emaciation and debility, a pallid countenance, cold skin, and tormina and tenesmus distressing, I applied the flannel roller as recommended by Prof. Chapman. The patients, on whom it was applied, were much pleased with the idea, but much more so with the relief it afforded them. The flannel roller afforded mechanical support to the bowels, induced determination to the surface, sustained the natural temperature, and gradually suspended the most painful symptoms. It was employed in a few instances as a preventive of relapse.

There were some local symptoms, which, from the torment they occasioned required particular attention viz Tormina and Tenesmus

They existed in a greater or less degree throughout every stage of the disease, but particularly in the last, when the inflammation had descended to the rectum. The gurgling was sometimes



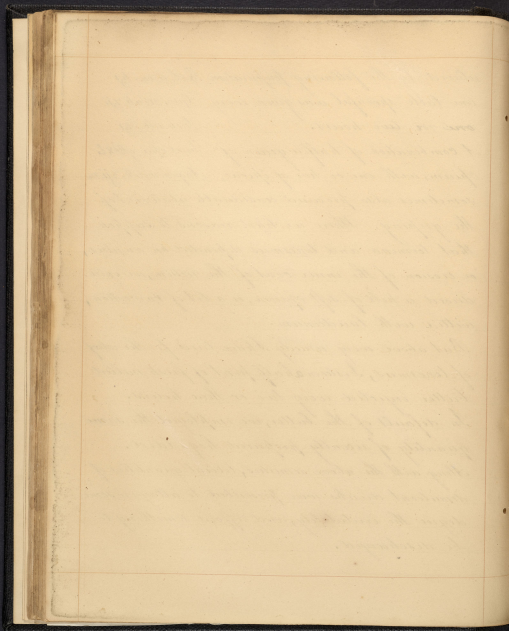
relieved by the following preparation. R.℞. resin. ℥i
One table spoonful was given every Gum. arab. ℥ii
~~one~~ for two hours. Lich. alb. ℥i

A combination of half a grain of Tinct. Op. q. s. x℥
Opium, with one or two of ipiecac, Aqua. menth. ℥i. m
sometimes also procured considerable abatement of
the griping. Where we had reasons to suppose
that termina and tonasmus depended on an ulcer,
or erosion of the inner coat of the rectum, we intro-
duced a pill of soft opium, or a bit of raw cotton,
wetted with laudanum.

But above every remedy I have tried for the relief
of tenesmus, I esteem a half pint of fresh melted
butter injected every two or three hours.

In default of the butter, we employed the same
quantity of recently prepared hogs lard.

Along with the above remedies, liberal quantities of
demulcent drinks were prescribed to allay in some
degree the irritability, and afford something to
be discharged.



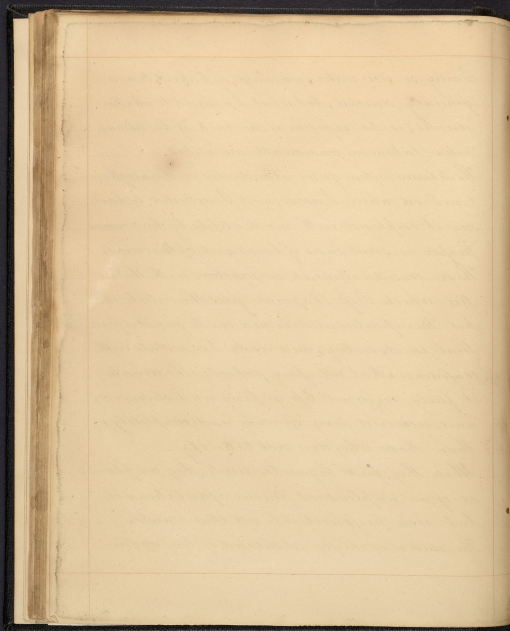
Barley or rice water, mucilage of linseed &c were generally directed, but what I preferred to all other drinks, is the infusion of the bark of the *Ulmus rubra*, taken in considerable quantities.

The *Ulmus rubra* grows abundantly in the neighbourhood where I reside, and I collected to have seen it employed with much utility by the common people in some cases of fevers and ophthalmias.

These considerations, in conjunction with the notice which Dr. Chapman gives the article in his *Therapeutics*, determined me to give it a fair trial in dysentery, and really I can state with confidence, that all of my patients who drank it freely, suffered less griping and straining, and recovered more speedily and completely, than those who did not take it.

When they first began to drink ^{it} they complained of an unpleasant flavour after taking it, but soon preferred it to all other drinks.

The diet was chiefly constituted of loaf sugar

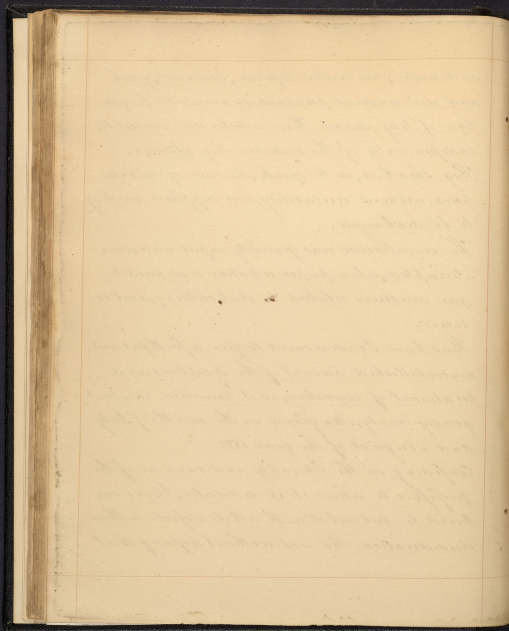


and water, rice water tapioca, arrowroot, gual
and rice rendered pleasant by a suitable propor-
tion of loaf sugar. These articles were serviceable
independently of the nutrition they afforded.
They thickened, so to speak, the coats of the intes-
tines, allayed irritability, and supplied something
to be discharged.

The convalescence was generally rapid and unin-
terrupted, when proper attention was paid to
our directions relative to diet, clothing, and ex-
ercise.

Thus have I endeavoured to give a faithful and
unembellished account of the symptoms and
treatment of dysentery, as it prevailed in Mont-
gomery county, Maryland in the months of July
and August of the year 1820.

Confiding in the liberality and candour of the
professors to whom it is dedicated, I have ven-
tured to submit it with all its defects to their
consideration tho' not without hoping that



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it might forge any society of criticism while reli-
ving from the scrutinizing eye of justice at length
find an asylum in the liberality of enlightened
minds.

In concluding my Thesis, however, I should do an
act of injustice to my feelings, were I to neglect
this opportunity of returning my sincere and
grateful thanks to the Professors for their zeal
and exertions to promote my acquirements
and usefulness in Medicine.

